





US Department of Housing & Urban Development (HUD) HOME Investment Partnership Program For

Community Housing Development Organization (CHDO) Funding (RFP: DHCDCHDOMAR2017-1)

COVER PAGE		
Applicant/Agency Name:	Federal ID#:	
	DIDIG #	
Mailing Address:	DUNS #	
	Telephone Number:	
	Fax Number:	
Name of Contact Person:	Title:	
Telephone Number:	E-mail Address:	
Fax Number:		
Web Page:		
TYPE OF OWNER (Che	ck all that apply)	
General Partnership Limited Partnership Corporation Local Unit of Government Joint Venture Limited Liability Company Other, Describe:		
Total Proposed Cost of Project:\$		
***ATTACH A BRIEF DESCRIPTION OF THE Project Address:	PROJECT WITH THIS Total Number of Units:	Census Tract:

I hereby certify that I am an authorized representative of the agency and that to the best of my knowledge:		
The data in this application is true and accurate;		
 This document has been duly authorize 		
• The agency will be able to meet all of the minimum proposal requirements as specified in the RFP;		
and		
	sary certifications and assurances and provide program ding federal regulations and requirements if a contract is	
Representative's Name:	Title:	
-		
Representative's Signature:	Date:	
For Fulton County Use Only		
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Date Received:		
A		
Assigned Submittal Number:		
Denied:	Accepted:	
Demed.	Accepted.	
Requested Supplemental Information:	<u> </u>	
Received Supplemental Information		
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